

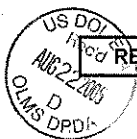
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12114</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>Adams</u> P.O. Box, Bldg., Room No., if any Street <u>1188 Franklin Street, 4th Floor</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94109</u>	4. Name, file number, and address of labor organization. Name <u>International Longshore and Warehouse Union</u> Labor Organization File Number <u>000-202</u> P.O. Box, Building and Room Number, if any Street <u>1188 Franklin Street, 4th Floor</u> City <u>San Francisco</u> State <u>California</u> ZIP Code + 4 <u>94109</u>
5. Position in labor organization. <u>International Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William Adams

On

8/12/2004

Date

415-775-0533

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Rosenberg Real Estate Equity Fund

Trade Name, if any:

RREEF

P.O. Box, Bldg., Room No., if any

26th Floor

Street

101 California Street

City

San Francisco

State

California

ZIP Code + 4

94111

14.a. Nature of payment.

2/2004 meals and lodging to attend annual client conference (\$1,371 est.)

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$1,371

August 15, 2005

US Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington DC 20210

Dear Sir,

Enclosed please find my LM-30 for calendar year 2004. I have tried my best to remember all of my contacts with the referenced entities that may fall within the LM-30 disclosure requirements during the 2004 calendar year. Given the passage of time, it is possible, if not likely, that I have not remembered every event or all of the relevant details of every event. All of my contacts with the referenced entities were routine and appropriate and occurred in the context of the ordinary course of my affairs on behalf of the Union.

Sincerely,

A handwritten signature in cursive script that reads "William Adams".

Willie Adams